

## NOTICE AND PUMPING/INSPECTION REPORT

Barron County Sanitary Ordinance Section 17.64 and Comm 83 and 84, Wisconsin Administrative Code requires that owners of private sewage systems are required to participate in a Private Sewage System Maintenance and Management Program. All new or replacement sewage systems shall have the septic tank pumped by a licensed pumper within 36 months of the date of installation and at least once every 36 months thereafter, or when the sludge level reaches one-third of the liquid capacity of the tank. This program requires that your septic tank (and filter if applicable) be inspected and pumped if necessary. *The State of Wisconsin has no exemption for seasonal residences or homes that are not occupied, therefore all systems must meet this requirement.* This requirement is designed to protect and improve public health safety and groundwater quality. Proper Maintenance will prolong the life of the private sewage disposal system.

Upon having your septic system inspected and/or pumped have the attached report completed by the approved pumper or inspector. If we receive a form that has a date greater than the 36 month time frame, you will be required to have the system pumped/inspected and resubmit the form. RECEIPTS FOR PUMPING CAN NO LONGER BE ACCEPTED.

**PLEASE NOTE- THIS REPORT MUST BE SUBMITTED TO THE ZONING OFFICE NO LATER THAN OCTOBER 1ST, 2010.**

**FAILURE TO RETURN THE COMPLETED FORM WITH THE REQUIRED PUMPING INFORMATION WILL RESULT IN THIS MATTER BEING FORWARDED TO CORPORATION COUNSEL AS A VIOLATION OF THE BARRON COUNTY LAND USE ORDINANCE WITH FINES AND PENALTIES IMPOSED PURSUANT TO SECTION 17.90(6).**

Thank You.

Barron County Zoning Administration  
330 E LaSalle Avenue, Room 2104  
Barron WI 54812  
Phone: 715-537-6375

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### PUMPING/INSPECTION REPORT

Tax Parcel #: \_\_\_\_\_ Permit # \_\_\_\_\_ Property Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Tank inspected by: \_\_\_\_\_ on \_\_\_\_\_  
(Inspector/Pumper) (Date)

Tank is less than 1/3 full sludge and scum: \_\_\_\_\_  
(Yes/No)

**OR**

Tank pumped by \_\_\_\_\_ on \_\_\_\_\_  
(Pumper) (Date)

Filter inspected: \_\_\_\_\_  
(Yes/No) (Date)

Drain Field is working properly (no backing up or surfacing of effluent). Yes or No

Pumper/Inspector Name: \_\_\_\_\_ License #: \_\_\_\_\_

Pumper/Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_